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CONFIRMATION NO. 4207

<b>SERIAL NUMBER</b> 10/985,367	<b>FILING OR 371(c) DATE</b> 11/09/2004 <b>RULE</b>	<b>CLASS</b> 607	<b>GROUP ART UNIT</b> 3762	<b>ATTORNEY DOCKET NO.</b> GUID.167PA (CPI 03-189)	
<b>APPLICANTS</b> Robert J. Sweeney, Woodbury, MN;					
<b>** CONTINUING DATA *****</b> <i>DR 6/11/06</i>					
<b>** FOREIGN APPLICATIONS *****</b> <i>DR 6/11/06</i>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 12/15/2004</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <i>6/11/06</i> 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <i>David H. Galt</i> <i>DR</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> MN	<b>SHEETS DRAWING</b> 8	<b>TOTAL CLAIMS</b> 36	<b>INDEPENDENT CLAIMS</b> 3
<b>ADDRESS</b> 51294					
<b>TITLE</b> Multiple pulse defibrillation for subcutaneous implantable cardiac devices					
<b>FILING FEE RECEIVED</b> 1078	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		